

RECEIPT DATE: SERIAL NUMBER: 09 / 830811 04 / 27 / 01IA NUMBER: PCT/ CA99 / 01057 IA FILING DATE: 10 / 29 / 99 MACCALMAN DELAY WAIVED (Y/N): FAMILY NAME: Ν GIVEN NAME: COLIN D DEMAND RECEIVED (Y/N): Υ PRIORITY CLAIMED (Y/N): PRIORITY DATE: 10 / 30 / 98 NO BASIC FEE (Y/N): US DESIGNATED ONLY (Y/N): Ν ATTORNEY DOCKET NUMBER: 27866/37317 COUNTRY: 31247463005 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE FAX

NAME: LI-HSIEN RIN-LAURES

MARSHALL O'TOOLE GERSTEIN MURRAY & BORUN

STREET: 6300 SEARS TOWER

233 SOUTH WACKER DRIVE

CITY: CHICAGO

STATE/COUNTRY: IL ZIP: 606066402

EMAIL:

APPLICATION TITLES:

CADHERIN 11 EXPRESSION AND ASSAY AND TREATMENT FOR CELLULAR INVASIVENE SS

TAB TO LAST POSITION, PUSH SEND